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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.
10/768,787	10/768,787 01/30/2904		Colin Murgatroyd		920476-95496		7138
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/04/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
ELALLAM, AHMED		2416	370-241000				
<ul> <li>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>2. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			or agents OR, alternal (2) the name of a sing registered attorney or	of up to 3 registered patent attorneys lternatively,  a single firm (having as a member a key or agent) and the names of up to cont attorneys or agents. If no name is			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGN	less an assignee is ident h in 37 CFR 3.11. Comp	pletion of this form is NO	data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT St. Laure	patent. If an assign vassignment. Y and STATE OR C	COUNT	RY) anada	cument has been filed for
Please check the appropr	iate assignee category or	categories (will not be pr	ninted on the patent):	Individual XX C	orporatio	on or other private gro	up entity Government
4a. The following fee(s)  XX Issue Fee  Publication Fee (N  Advance Order -	are submitted:  No small entity discount p	<ul> <li>Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14431.5 (enclose an extra copy of this form).</li> </ul>					
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